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CONFIRMATION NO. 7805

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| SERIAL NUMBER 10/698,099 | FILING OR 371(c) DATE 10/31/2003 RULE | CLASS 424 | GROUP ART UNIT 1648 | ATTORNEY DOCKET NO. 015270-008930US |
| APPLICANTS Dale B. Schenk, Burlingame, CA; Eliezer Masliah, San Diego, CA; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/423,012 11/01/2002 and is a CIP of 09/585,817 06/01/2000 PAT 6,923,964 which claims benefit of 60/137,010 06/01/1999 This application 10/698,099 is a CIP of 09/580,015 05/26/2000 ABN | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/17/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Michelle Hong</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 7 | TOTAL CLAIMS 37 |
| INDEPENDENT CLAIMS 6 | | | | |
| ADDRESS 20350 | | | | |
| TITLE Prevention and treatment of synucleinopathic disease | | | | |
| FILING FEE RECEIVED 2290 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |